

City of Fresno

Newly created position? ☐ YES ☐ NO**Enterprise Zone Employee Eligibility Check List**

Companies located within the Fresno Enterprise Zone can receive a tax credit for hiring individuals meeting certain qualifications. If you meet any one of the following eligibility criteria or you reside in a Targeted Employment Area (TEA), you are a potential Enterprise Zone qualified individual. Upon hiring, you may also be qualified to receive an individual tax credit from the State of California. Please use California Form 3553 to claim your individual credit.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Wage: \_\_\_\_\_ U.S. Citizen?: ☐ YES ☐ NO

Selective Service #: \_\_\_\_\_ Registration Date: \_\_\_\_\_

**CHECK ANY BOX THAT APPLIES TO YOU****Eligibility Criteria:**

- |   |   |
|---|---|
| <input type="checkbox"/> JTPA Enrolled/Eligible                                     | <input type="checkbox"/> Enrolled in the GAIN Program             |
| <input type="checkbox"/> CalWORKS   | <input type="checkbox"/> TEA Resident (hired on or after 9/23/97) |
| <input type="checkbox"/> Veteran: Dates of service _____ to _____                   | <input type="checkbox"/> Ex - Offender                            |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> Receiving Public Assistance (see below)  |
| <input type="checkbox"/> WIA (registered/eligible for Core-B or intensive services) |   |

**Income:**

Find the column that represents the number of family members in your household. If the total income for all working family members in your household is less than the amount on the line below, write "Yes" in the corresponding box.

Family Size	1	2	3	4	5	6	7	8	9	10
Annual Income	\$9,340	\$12,540	\$15,740	\$18,940	\$22,140	\$23,340	\$28,540	\$31,740	\$34,940	\$38,140
<b>Less than?</b> Yes or No										

**Public Assistance:**

If ANY working family member in your household **currently** receives ANY of the following, please check all boxes that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployment Benefits                       | <input type="checkbox"/> Rehabilitation Client        |
| <input type="checkbox"/> AFDC (Aid to Families w/Dependent Children) | <input type="checkbox"/> General Assistance Recipient |
| <input type="checkbox"/> Food Stamps                                 | <input type="checkbox"/> SSI/SSP                      |
| <input type="checkbox"/> RCA (Refugee Cash Assistance)               | <input type="checkbox"/> State Disability             |
| <input type="checkbox"/> Other: Please Specify: _____                | <input type="checkbox"/> WOTC                         |

**Dislocated Worker:**

- ☐ Have you been unemployed for 15 out of the last 26 weeks?  
☐ Have you been long-term unemployed?  
☐ Are you unemployed due to a plant closure (company moved or went out of business)?  
☐ Are you unemployed due to a massive layoff (50 + employees AND at least 33% of the workforce)?

IF YOU MARKED IN ANY OF THE ABOVE SPACES PROVIDED, YOU ARE POTENTIALLY ENTERPRISE ZONE QUALIFIED. By signing this form, you are acknowledging that your participation in this program is voluntary. Additionally, you have read and understood the questions on this form and the answers provided are true and correct to the best of your knowledge. The information on this form is subject to verification.

X \_\_\_\_\_  
Employee Signature

X \_\_\_\_\_  
Employer/Agency Signature